

**Maine Center for Disease  
Control and Prevention**  
An Office of the  
Department of Health and Human Services

Department of Health and Human Services  
Maine Center for Disease Control and Prevention  
286 Water Street  
# 11 State House Station  
Augusta, Maine 04333-0011  
Tel: (207) 287-5672  
Fax: (207) 287-4172; TTY: 1-800-606-0215

## SUBSURFACE WASTEWATER DISPOSAL SYSTEM VARIANCE REQUEST

This form must accompany an application (HHE-200 Form) for any subsurface wastewater disposal system which requires a variance to provisions of the Subsurface Wastewater Disposal Rules. The Local Plumbing Inspector must not issue a permit for the installation of a subsurface wastewater disposal system requiring a variance from the Department of Health and Human Services until approval has been received from the Department.

### GENERAL INFORMATION

Town of AUGUSTA

Property Owner's Name: VICKI LOWE

Tel. No.: (207) 441-6644 *Charlie Wing*

System's Location: 52 ALBEE ROAD

APPLICANT: CHARLIE WING P.O. Box 63 FAIRFIELD ME Zip Code 04937

Property Owner's Address: \_\_\_\_\_  
e-mail address: \_\_\_\_\_

The subsurface wastewater disposal system design for the subject property requires a ☒ replacement system variance ☐ first time system variance to the Subsurface Wastewater Disposal Rules. This variance requires ☒ local approval ☐ local and state approval.

### SPECIFIC VARIANCE REQUESTED (To be filled in by Site Evaluator. Use additional sheets if needed.)

1. POTABLE WATER SUPPLY WELL TO SEPTIC TANK = 31'
2. NO FULL BASEMENT TO TANK = 5'
3. \_\_\_\_\_

### SECTION OF RULE

TABLE 8A

TABLE 8A

### SITE EVALUATOR

When a property is found to be unsuitable for subsurface wastewater disposal by a licensed Site Evaluator, the Evaluator shall so inform the property owner. If the property owner, after exploring all other alternatives, wishes to request a variance to the Rules, and the Evaluator in his professional opinion feels the variance request is justified and the site limitations can be overcome, he shall document the soil and site conditions on the Application. The Evaluator shall list the specific variances necessary plus describe below the proposed system design and function. The Evaluator shall further describe how the specific site limitations are to be overcome, and provide any other support documentation as required prior to consideration by the Department. Attach a separate sheet if necessary.

CURRENT POTABLE WELL TO OLD STEEL TANK IS 31 FEET. DUE TO TIGHTNESS OF LOT, PROPERTY LINE, REPLACE OLD STEEL TANK WITH NEW 1000 GAL TANK WITH PUMP AT SAME LOCATION. CHECK FOR WATER TIGHTNESS OF NEW TANK. CURRENT TANK IS 5' FROM DWELLING, AS ABOVE TIGHTNESS OF LOT I.E. PLS, REPLACE AT SAME LOCATION

I, Thomas B. Jones, S.E., certify that a variance to the Rules is necessary since a system cannot be installed which will completely satisfy all the Rule requirements. In my judgment, the proposed system design on the attached Application is the best alternative available; enhances the potential of the site for subsurface wastewater disposal; and that the system should function properly.

Thomas B. Jones  
SIGNATURE OF SITE EVALUATOR

11/5/2016  
DATE

### PROPERTY OWNER

Charles Wing am the owner agent for the owner of the subject property. I understand that the installation of the Application is not in total compliance with the Rules. Should the proposed system malfunction, I release all concerned provided they have performed their duties in a reasonable and proper manner, and I will promptly notify the Local Plumbing Inspector and make any corrections required by the Rules. By signing the variance request form, I acknowledge permission for representatives of the Department to enter onto the property to perform such duties as may be necessary to evaluate the variance request.

Charles Wing  
SIGNATURE OF OWNER  
AGENT FOR THE OWNER

10-10-16  
DATE

**LOCAL PLUMBING INSPECTOR - Approval at local level**

The local plumbing inspector shall review all variance requests prior to rendering a decision.

I, Gary R. Fultz, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system ( ☒ does ☐ does not ) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I ( ☒ do ☐ do not ) approve the requested variance. I ( ☐ will ☐ will not ) issue a permit for the system's installation as proposed by the application.

Gary R. Fultz  
LPI Signature

11/10/16  
Date

**LOCAL PLUMBING INSPECTOR - Referral to the Department**

The local plumbing inspector shall review all variance requests prior to forwarding to the Division of Environmental Health.

I, \_\_\_\_\_, the undersigned, have visited the above property and find that the variance request submitted by the applicant does not conform with certain provisions of the wastewater disposal rules. The variance request submitted by the applicant is the best alternative for a subsurface wastewater disposal system on this property. The proposed system ( ☐ does ☐ does not ) conflict with any provisions controlling subsurface wastewater disposal in the shoreland zone. Therefore, I ( ☐ do ☐ do not ) recommend the issuance of a permit for the system's installation as proposed by the application.

\_\_\_\_\_  
LPI Signature

\_\_\_\_\_  
Date

**FOR USE BY THE DEPARTMENT ONLY**

The Department has reviewed the variance(s) and ( ☐ does ☐ does not ) give its approval. Any additional requirements, recommendations, or reasons for the Variance denial, are given in the attached letter.

\_\_\_\_\_  
SIGNATURE OF THE DEPARTMENT

\_\_\_\_\_  
DATE

Notes: 1. Variances for soil conditions may be approved at the local level as long as the total point assessment is at least the minimum allowed. (See Section 7.B.4 of the Subsurface Wastewater Disposal Rules for Municipal Review.)

2. Variances for other than soil conditions or soil conditions beyond the limit of the LPI's authority are to be submitted to the Department for review. (See Section 7.B.3 for Department Review.) The LPI's signature is required on these variance requests prior to sending them to the Department.

**SOIL, SITE AND ENGINEERING FACTORS FOR FIRST TIME SYSTEM VARIANCE ASSESSMENT  
WITH LIMITING SOIL DRAINAGE CONDITIONS (SEE TABLES 7C THROUGH 7M).**

	CHARACTERISTIC	POINT ASSESSMENT
Soil Profile		
Depth to Groundwater/Restrictive Layer		
Terrain		
Size of Property		
Waterbody Setback		
Water Supply		
Type of Development		
Disposal Area Adjustment		
Vertical Separation Distance		
Additional Treatment		
TOTAL POINT ASSESSMENT:		

Minimum Points (Check One):    ☐ Outside Shoreland Zone-50    ☐ Inside Shoreland Zone-65    ☐ Subdivision-65

PIT 11/10/16

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Maine Dept. Health & Human Services  
Div of Environmental Health, 11 SHS  
(207) 287-5672 Fax: (207) 287-4172

## PROPERTY LOCATION

>> CAUTION: LPI APPROVAL REQUIRED <<

City, Town, or Plantation	AUGUSTA
Street or Road	52 ALBEE RD. Road
Subdivision, Lot #	M711218
OWNER/APPLICANT INFORMATION	
Name (last, first, MI)	LOWE, VICKI <input type="checkbox"/> Owner <input checked="" type="checkbox"/> Applicant
Mailing Address of	P.O. Box 63
Owner/Applicant	FAIRFIELD ME 04937
Daytime Tel. #	(207) 441-6644

AUGUSTA PERMIT #7301  
Date Permit Issued: 11/10/16

TOWN COPY  
\$ 250.00 fee  
15.00  
LPI # 850

Mary R. J. M. M.

OWNER OR APPLICANT STATEMENT  
I state and acknowledge that the information submitted is correct to the best of my knowledge and understand that any falsification is reason for the Department and/or Local Plumbing Inspector to deny a Permit.  
Signature of Owner or Applicant: [Signature] Date: 10/10/16

I have inspected the installation authorized above and found it to be in compliance with the Subsurface Wastewater Disposal Rules Application.  
Local Plumbing Inspector Signature: [Signature] (1st) date approved: 11/22/16 (2nd) date approved:

## PERMIT INFORMATION

TYPE OF APPLICATION <input type="checkbox"/> 1. First Time System <input checked="" type="checkbox"/> 2. Replacement System Type replaced: OLD STEEL TANK Year installed: 1960s <input type="checkbox"/> 3. Expanded System a. <25% Expansion b. >25% Expansion <input type="checkbox"/> 4. Experimental System <input type="checkbox"/> 5. Seasonal Conversion	THIS APPLICATION REQUIRES <input type="checkbox"/> 1. No Rule Variance <input type="checkbox"/> 2. First Time System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input checked="" type="checkbox"/> 3. Replacement System Variance a. Local Plumbing Inspector Approval b. State & Local Plumbing Inspector Approval <input type="checkbox"/> 4. Minimum Lot Size Variance <input type="checkbox"/> 5. Seasonal Conversion Permit	DISPOSAL SYSTEM COMPONENTS <input checked="" type="checkbox"/> 1. Complete Non-engineered System <input type="checkbox"/> 2. Primitive System (graywater & alt. toilet) <input type="checkbox"/> 3. Alternative Toilet, specify: _____ <input type="checkbox"/> 4. Non-engineered Treatment Tank (only) <input type="checkbox"/> 5. Holding Tank, _____ gallons <input type="checkbox"/> 6. Non-engineered Disposal Field (only) <input type="checkbox"/> 7. Separated Laundry System <input type="checkbox"/> 8. Complete Engineered System (2000 gpd or more) <input type="checkbox"/> 9. Engineered Treatment Tank (only) <input type="checkbox"/> 10. Engineered Disposal Field (only) <input type="checkbox"/> 11. Pre-treatment, specify: _____ <input type="checkbox"/> 12. Miscellaneous Components
SIZE OF PROPERTY 12,000 ± sq. ft. 1 ACRES	DISPOSAL SYSTEM TO SERVE <input checked="" type="checkbox"/> 1. Single Family Dwelling Unit, No. of Bedrooms: 2 <input type="checkbox"/> 2. Multiple Family Dwelling, No. of Units: _____ <input type="checkbox"/> 3. Other: _____ (specify) Current Use <input type="checkbox"/> Seasonal <input checked="" type="checkbox"/> Year Round <input type="checkbox"/> Undeveloped	TYPE OF WATER SUPPLY EXISTING <input checked="" type="checkbox"/> 1. Drilled Well <input type="checkbox"/> 2. Dug Well <input type="checkbox"/> 3. Private 4. Public <input type="checkbox"/> 5. Other
SHORELAND ZONING <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

## DESIGN DETAILS (SYSTEM LAYOUT SHOWN ON PAGE 3)

TREATMENT TANK <input checked="" type="checkbox"/> 1. Concrete WITH PUMP a. Regular b. Low Profile <input type="checkbox"/> 2. Plastic <input type="checkbox"/> 3. Other: _____ CAPACITY: 1000 GAL.	DISPOSAL FIELD TYPE & SIZE <input checked="" type="checkbox"/> 1. Stone Bed <input type="checkbox"/> 2. Stone Trench <input type="checkbox"/> 3. Proprietary Device a. cluster array <input type="checkbox"/> c. Linear b. regular load <input type="checkbox"/> d. H-20 load <input type="checkbox"/> 4. Other: _____ SIZE: 594 sq. ft. <input type="checkbox"/> lin. ft.	GARBAGE DISPOSAL UNIT <input checked="" type="checkbox"/> 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> 3. Maybe If Yes or Maybe, specify one below: <input type="checkbox"/> a. multi-compartment tank <input type="checkbox"/> b. _____ tanks in series <input type="checkbox"/> c. increase in tank capacity <input type="checkbox"/> d. Filter on Tank Outlet	DESIGN FLOW 180 gallons per day BASED ON: <input checked="" type="checkbox"/> 1. Table 4A (dwelling unit(s)) <input type="checkbox"/> 2. Table 4C (other facilities) SHOW CALCULATIONS for other facilities
SOIL DATA & DESIGN CLASS PROFILE CONDITION 31 C a. Observation Hole # TP 4 Depth 17" of Most Limiting Soil Factor	DISPOSAL FIELD SIZING <input type="checkbox"/> 1. Medium---2.6 sq. ft. / gpd <input checked="" type="checkbox"/> 2. Medium---Large 3.3 sq. ft. / gpd <input type="checkbox"/> 3. Large---4.1 sq. ft. / gpd <input type="checkbox"/> 4. Extra Large---5.0 sq. ft. / gpd	EFFLUENT/EJECTOR PUMP <input type="checkbox"/> 1. Not Required <input type="checkbox"/> 2. May Be Required <input checked="" type="checkbox"/> 3. Required Specify only for engineered systems: DOSE: _____ gallons	3. Section 4G (meter readings) ATTACH WATER METER DATA LATITUDE AND LONGITUDE at center of disposal area Lat. N 44° d 19 m 55.18 s Lon. W 69° d 39 m 02.18 s if g.p.s., state margin of error: ±10'

## SITE EVALUATOR STATEMENT

I certify that on 11/1/16 (date) I completed a site evaluation on this property and state that the data reported are accurate and that the proposed system is in compliance with the State of Maine Subsurface Wastewater Disposal Rules (10-144A CMR 241). AS PER VARIANCE.  
Site Evaluator Signature: Thomas B. Jones SE # 379 Date: 11/5/16  
Site Evaluator Name Printed: THOMAS B. JONES Telephone Number: (207) 445-5902 E-mail Address:

Note: Changes to or deviations from the design should be confirmed with the Site Evaluator

DESIGN SUBJECT TO LOCAL, STATE & FEDERAL ORDINANCES

Department of Health & Human Services  
Division of Environmental Health  
(207) 287-5672 Fax: (207) 287-3165

Street, Road, Subdivision

52 ALBEE RD.

Owner's Name \_\_\_\_\_

VICKI LOWE C/O CHARLIE  
WING

Scale 1" = 100 ft. or as shown

SITE LOCATION PLAN  
(map from Maine Atlas

NOTE: CONTROL EROSION  
DURING TANK &  
TRENCH MAIN  
CONSTRUCTION  
USING BEST MGMT.  
PRACTICES.

REPLACE WITH 100  
GAL CONCRETE TANK  
WITH PUMP

EXISTING  
DWELLING

EXISTING  
- GAMES

UTILITY POLICE #	8
	196
	10

Notes: R's designate as shown by  
M. Pelletier, abutter & former owner.

RAS SHOWN  
BY  
11 PENETIER

LAND OWNED BY M. PELLETIER

20'x30'  
DISPOSAL  
BED

NOTE: DISPOSAL FIELD EASEMENT FROM  
U. PELLETIER TO V. LOWE  
BOOK 10694 PAGE 237

LARGE  
PINE TREE

FLACED  
MAPLE TREE

[illegible]

Observation Hole ☐ Test Pit ☐ Boring  
 " Depth of Organic Horizon Above Mineral Soil

Observation Hole \_\_\_\_\_ ☐ Test Pit ☒ Borings  
" Depth of Organic Horizon Above Mineral Soil

Depth Below Mineral Soil Surface (inches)	Texture	Consistency	Color	Mottling
0	LOAM			
10	FINE SANDY LOAM	FRIBLE	YELLOW BROWN 10 YR 5/4	
20		FIRM	LIGHT BROWN 10 YR 6/3	COMMON FAINT
30				
40				
50				

	Texture	Consistency	Color	Mottling
0				
10				
20				
30				
40				
50				

AUGER BORINGS ON  
SYSTEM CORNERS  
INDICATE  
SIMILAR SOILS

Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
<u>3</u> <u>C</u>	<u>5</u> %	<u>17</u> "	<input checked="" type="checkbox"/> Restrictive Layer
Profile	Condition		<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

Soil Classification	Slope	Limiting Factor	<input checked="" type="checkbox"/> Ground Water
<u>3</u>	<u>5</u> %	<u>17</u> "	<input checked="" type="checkbox"/> Restrictive Layer
Profile	Condition		<input type="checkbox"/> Bedrock
			<input type="checkbox"/> Pit Depth

THOMAS B. JONES

Thomas B Jones

Site Evaluator Signature \_\_\_\_\_

379

SE #

11/5/16

Date \_\_\_\_\_

# SUBSURFACE WASTEWATER DISPOSAL SYSTEM APPLICATION

Department of Health & Human Services  
Division of Environmental Health  
(207) 287-5672 Fax: (207) 287-3165

Town, City, Plantation

AUGUSTA

Street, Road, Subdivision

ALBEE RD.

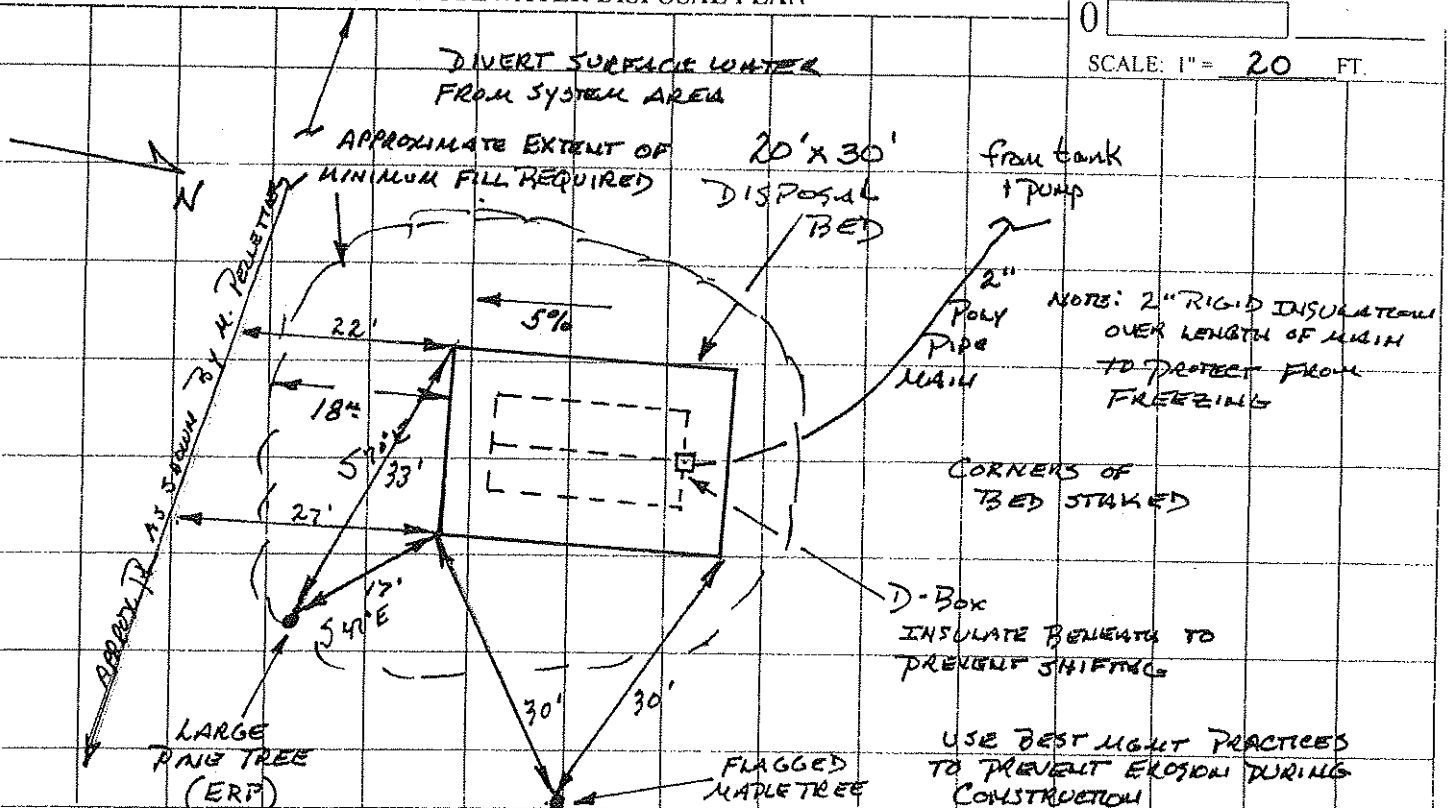
Owner's Name

VICKI LOBE c/o CHARLIE WING

## SUBSURFACE WASTEWATER DISPOSAL PLAN

0

SCALE: 1" = 20 FT.



### FILL REQUIREMENTS

### CONSTRUCTION ELEVATIONS

### ELEVATION REFERENCE POINT (ERP)

Depth of Fill (Upslope) 19" to 22" Finished Grade Elevation  
Top of Distribution Pipe or Proprietary Device  
Depth of Fill (Downslope) 35" to 36" Bottom of Disposal Area

-40"  
-53"  
-64"

Location & Description: FLAGGED NAIL IN LARGE PINE TREE 79" ABOVE  
Reference Elevation: EXISTING GRADE AT PINE TREE

### DISPOSAL AREA CROSS SECTION

Scale

Horizontal 1" = \_\_\_\_ ft.

Vertical 1" = \_\_\_\_ ft.

(SEE ATTACHED BED DIAGRAM)

THOMAS B. JONES

THOMAS B. JONES

Site Evaluator Signature

379

SE #

11/5/16

Date

Page 3 of 4  
HHE-200 Rev. 02/11

8:

VICKI HOWE

DATE:

11/5/16

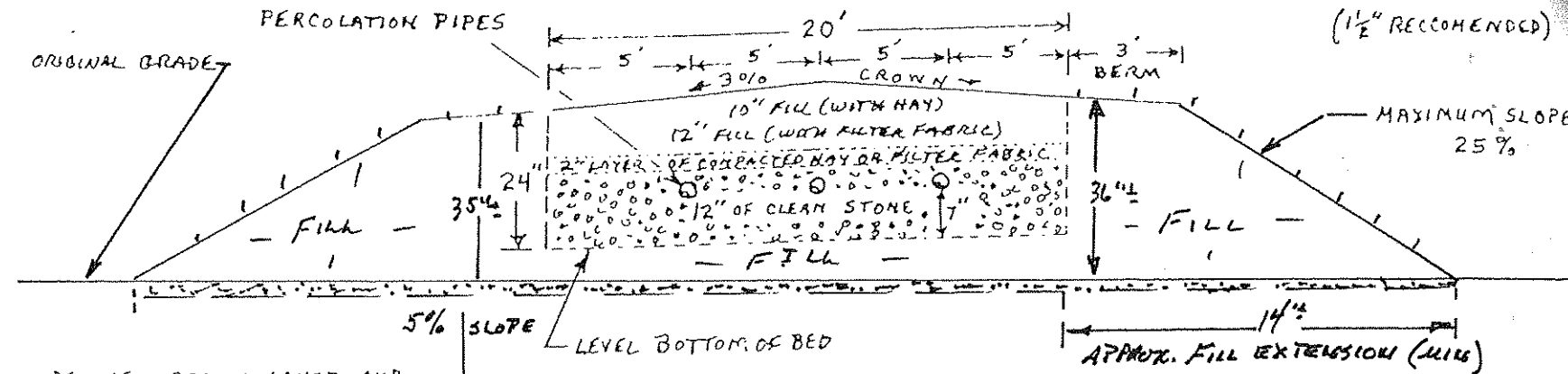
BY:

THOMAS B. JONES USE #379

MULCH TO COVER.

# SEWAGE DISPOSAL BED DETAILS

BED REQUIRES CLEAN  
STONE UNIFORM IN SIZE  
(1 1/2" RECOMMENDED)

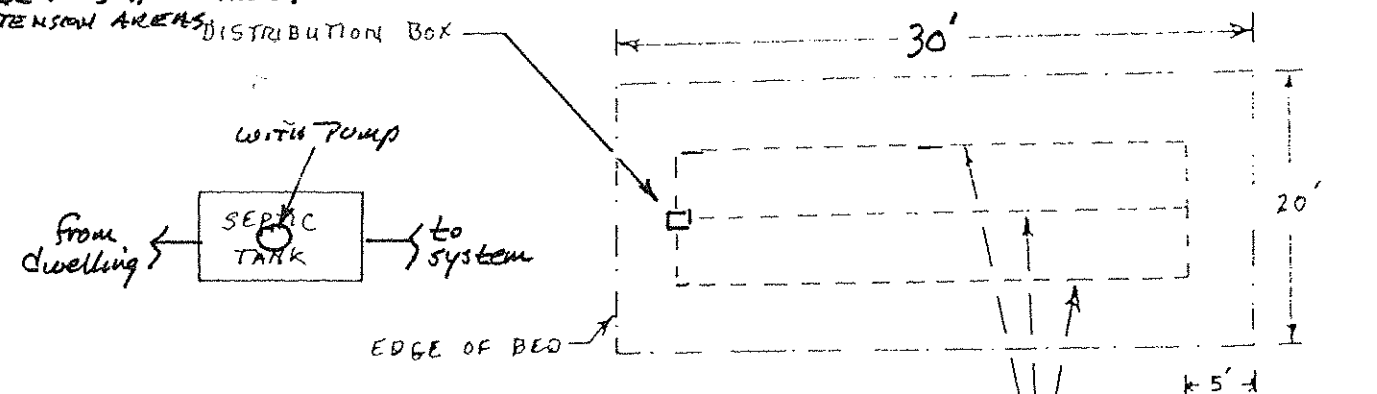


REMOVE ORGANIC LAYER AND  
SCARIFY THE SOIL SURFACE

BEFORE INSTALLING FILL. INTERFACE

FILL INTO ORIGINAL SOILS. 6" INTERFACE  
OF GRAVELLY COARSE SAND FILL WITH  
ORIGINAL SOILS BENEATH SYSTEM &  
FILL EXTENSION AREAS.

BED CROSS SECTION (NO SCALE)



PLAN VIEW (NO SCALE)

PERCOLATION PIPES  
(4" DIA. PVC)

## NOTES

- 1.) 19 TO 22 INCHES OF FILL IS REQUIRED AT UPHILL SIDE OF BED.
- 2.) TEXTURE OF FILL SHALL BE GRAVELLY COARSE SAND.
- 3.) REFER TO MAINE SUBSURFACE WASTE WATER DISPOSAL RULES FOR FURTHER DETAILS REGARDING INSTALLATION PROCEDURES.